

The author notes that there is a vast body of academic description, discussion and analysis of clinical legal education deriving from the United States, England and, to a much lesser extent, Australia. However, it is doubtful whether amongst that wealth of literature there is to be found such a set of practical guidelines which overview the range of methods and provide down-to-earth advice upon how they can best be implemented. Should that prove to be the case, this small book will go a long way toward filling the void.

Editor

Introduction to clinical teaching for the new clinical law professor: a view from the first floor

W P Quigley

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The mission of clinical education has two goals: to educate students in a new way of learning; and to provide legal services to the indigent. Clinic students learn law by providing quality representation to poor people.

Clinical education is essentially a process of learning how to learn from experience. If the student's experience in the clinic results in merely the transmission of skills from teacher to student in the course of representing people in legal matters, it is not actually clinical education. The most critical element of clinical education is that it is experience-based learning.

Clinical teachers engage students in variations of four stages of supervision: 1. planning by student for activity; 2. conference between teacher and student reviewing student's activity plan; 3. performance of activity by student with observation by teacher; and 4. post-activity analysis and evaluation by students and teacher.

It is important that the initial planning for all clinic activity and all subsequent planning be first conducted by the student alone. The teacher should only become involved once the student has developed a plan of action. The student is assuming the role of attorney and must accept the responsibility that comes with that independence. The review of the activity plan is done by the teacher and student together, discussing the contents of the student's plan, how it was developed, how the teacher reacts to the student's ideas and the amount of teacher direction and control that goes into planning. Finally, there should be some form of practice, simulation or walk-through of the activity planned by the student with the teacher's participation. The student's plan must be competent and contain realistic expectations for achievement and the student must be able to articulate the goals the activity is attempting to achieve.

In the performance, the teacher must become an active observer. The substance of the issues addressed, the skills utilised, the student's adherence to his/her plan and reaction to the unplanned must be recorded by the teacher in detailed notes. Feedback and evaluation are central to the self-directed experiential learning method of clinical education. The role of the teacher is not primarily to review the good or bad of a student's performance but to assist the student in honestly and realistically reviewing the performance. The teacher's first responsibility is to help the student accurately reconstruct the activity; the second is to guide the student towards honest evaluation of what specifically occurred. When the teacher gives her own observations, the same rules of honesty and accuracy apply. Then teacher and student can discuss where they go from there.

New teachers are immediately confronted with the dilemma of determining how far their clinical students are to be allowed to become

counsel for their client. Different clinics have different approaches. Some students may not thrive well in a 'sink or swim' environment and need the assistance of the clinic teacher to avoid being overwhelmed, particularly in the initial stages of the clinic. Determining the appropriate levels of control and freedom is an ongoing challenge. Because the clinic teacher directly supervises only a few students and because there is a great variety of talent at a clinic, the high level of motivation and the intensity of the relationship mean that he or she is more than a dispenser of principles and analysis. The teacher is a role model, a mentor, a trusted co-worker, a judge and a friend. These relationships are more important at the beginning of the clinic but, in each instance, supervisors must be aware of the need to take sufficient time to allow development in these relationships with students.

Clinic teachers have ethical and moral duties to the clients of the clinic and respect must be the fundamental premise of all interaction between the students and the client. The teacher must ensure that both know the basics of clinical representation. It is a good idea to have the client give written consent to representation by a student. While direct contact with people in need can have a transformative effect upon clinical law students, students need to be aware that indigent clients who are not paying for their services are not merely clinical cadavers to be poked, prodded and examined for the student's educational benefit.

CURRICULUM

Curriculum—a judicial perspective

The Hon. Mr Justice W.P.M. Zeeman
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Educating lawyers by means of successive courses of academic and practical instruction with a clear dividing line between the two is